

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist Registration Form
Lobbying Supplemental Registration Form**Instructions**

- 1 Print in ink or type.
- 2 Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200, Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- 3 This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 12/15/02

L.G.U.PP

102165

1. NAME Velvet Fox Sandra A.
Last First MI2. BUSINESS PHONE 225 383 89233. BUSINESS ADDRESS 731 Lake Land Dr. Bl, LA 70802
Street and No. City State ZipMAILING ADDRESS 731 Lake Land Dr.
Street and No. City State Zip4. EMPLOYER Majes, Majes, Inc.5. EMPLOYER'S ADDRESS 731 Lake Land Dr.
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Prosoche International
Address 2000 Glen Echo Dr. Ste 122 Nashville, TN 37211
Business or purpose private business for profit New RepresentationDoes this person pay you NoIf No, who pays you? Majes, Majes, Inc. Terminated Representation as of _____

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

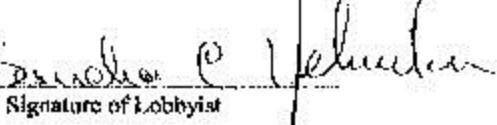
Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist